FE6AN028

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

71117 1995 F URE Only AM 9: 50

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5EC MA	AIL CENTER
٨	ditt is Mean - The	Animal Lovers Agai	nst Romney Com	mittee	
ΑD	DRESS (number and street)	113 Stratton Broo	k Road		
	Check if different				
	than previously reported. (ACC)	Şimşbury		[C] T [0,6,0	7.0
2.	FEC IDENTIFICATION N	UMBER ▼ CITY	<u> </u>	STATE A	ZIP CODE A
	C 0 0 5 1 7 2	8 4 3. IS RE	THIS X NEW PORT X (N) O	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	Report	0 (M2) May 20 (N	M5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reparts:	Due On: Mar 2	0 (M3) Jun 20 (M	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	Apr 20	0 (M4) Jul 20 (M	7) Oct 20 (M10)	Jan 31 (YE)
		(C) 12-Day PRE-Election	Primary (12P)	X General (12G)	Runoff (12R)
	October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)	
	January 31 Year-End Report (Florian	on 11 06	' Ž Č Ž Ž	in the State of
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)		M M / D D	/ Y Y Y Y	in the State of
5.	Covering Period 1		through 1	Ö ′ 17 ′ Žŏ	ť ž
	<u>-</u>	his Report and to the best of m	-	s true, correct and comple	ete.
Ту	pe or Print Name of Treasure	er Anna Abdon - De	eputy Treasurer		
Sig	gnature of Treasurer	Chot ill	· -	Date 10 1	9 2 0 12
NO	OTE: Submission of false, erron	neous, or incomplete information	may subject the person signing	ng this Report to the penalt	ties of 2 U.S.C. §437g.
1	Office Use				C FORM 3X Rev. 12/2004